

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">101823340</div>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	4					
Total Depend	16					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
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